

<b>Fill in this Information to identify the case:</b>		
Debtor 1 First Name	Middle Name	Last Name
<u>Sudha A. Knox</u>		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey (State)		
Case number: <u>16-29390</u>		
<b>U.S. BANKRUPTCY COURT FILED NEWARK, NJ</b> <b>2022 SEP -6 P 2:43</b> <b>JEANNE A. NAUGHTON</b> <b>BY: DEPUTY CLERK</b>		

Form 1340 (12/19)

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

unclaimed funds

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: <u>\$ 3,500.00</u>	\$ 3,500.00
Claimant's Name:	<u>Sudha Knox</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>20 Monroe St., Montclair, NJ 07042</u> <u>Mixed floors 8 seats</u> <u>From 8 seats</u> <u>2. NYC.</u>
Phone number:	<u>973-744-8508</u> <u>973-637-8975</u>
Email address:	<u>(Awaiting new license)</u>

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Supporting Documentation**

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**4. Notice to United States Attorney**

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

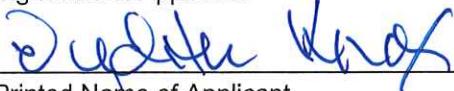
Office of the United States Attorney  
District of New Jersey  
Peter Rodino Federal Building  
970 Broad Street, Suite 700  
Newark, New Jersey 07102

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: Sept. 9, 2022

Signature of Applicant



Printed Name of Applicant

Judith Knox

Address: 207 Montclair  
Montclair NJ 07042

Moved from

8 Secrets Pl. Montclair

Practicing new License

Telephone: 973-744-1506

Email: \_\_\_\_\_

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

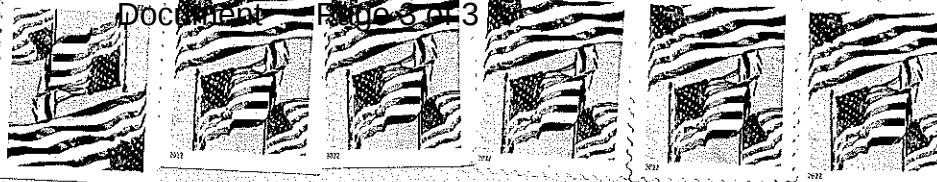
Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



Monroe St.  
Wellesley MA

07/04/22

U.S. Bankruptcy Ct.

50 Water St.

P.O. Box 1352

Newark, NJ 07102

